



SE-230

Transmittal of Small Professional Services Contract

AGENCY: _____

PROJECT NO.: _____

PROJECT NAME: _____

PERSON OR FIRM SELECTED: _____

(Address)

(City)

(State)

(Zip Code)

Contract Type: ☐ Single Project ☐ Indefinite Delivery

Contract Amount: _____

Reimbursables: _____

Sum of all fees paid to this Person/Firm in the past 24 months: _____

Construction Budget for this Project: _____

By: _____
(Signature of Agency Representative)

Date: _____

(Print or Type Name of Representative)

(Title)

Submit a copy of the signed contract with this form